



**CITY OF GAHANNA
DIVISION OF POLICE**
To Serve and Protect



460 ROCKY FORK BLVD, GAHANNA, OHIO 43230

(614)342-4240 FAX (614) 342-4300

Applicant Personal History Questionnaire

PERSONAL HISTORY OF: _____
(LAST) (FIRST) (MIDDLE)
____/____/_____
(DATE OF BIRTH) (SOCIAL SECURITY NUMBER)

POSITION APPLIED FOR: (X) POLICE OFFICER
() RESERVE POLICE OFFICER
() POLICE DISPATCHER

THIS QUESTIONNAIRE MUST BE TURNED IN AT THE PHYSICAL FITNESS EXAM

INSTRUCTIONS FOR FILLING OUT PHQ

Please read the following instructions in their entirety before completing the PHQ:

- This personal history questionnaire (PHQ) is intended for the use of the division of police. You must be truthful and complete all answers requested on this form.
- All information contained herein will be subject to verification, i.e., source documentation, polygraph and screening procedures. Information contained herein will be considered to be strictly confidential and will not be disclosed to any unauthorized person(s).
- The answers to questions contained in the questionnaire must be printed, in your own handwriting, legibly **in black ink only**.
- **Each individual question must be answered.** There can be no blanks. If a question in this packet does not apply to your particular circumstance; insert "DNA" in that blank.
- You must provide complete address information when requested. Partial address responses are unacceptable. You are responsible for obtaining the correct, complete address. Verify any address if you are not sure it is current or correct.
- You must include your entire work history beginning with the age of 18. If you do not have enough space in the employment section, continue on a separate sheet of paper. If a previous employer is no longer in business, fill out as much information as possible and note that it is no longer in business below the box.
- If you have ever been fired or asked to resign from a job, list the reason you were fired or resigned on the continuation page.
- Honesty is very important. You must provide as much information as possible. If you have any question or doubt as to whether or not you should include the information, include it.
- Each section and question must be filled out completely or you will not be permitted to continue through the hiring process with the Gahanna Police Department.
- This questionnaire must be signed and notarized on the appropriate page and turned in on the day of the physical fitness examination. The PHQ can be notarized on the day of the Physical Fitness Examination by City of Gahanna employees.

WARNING

Applicants are cautioned to answer every question truthfully and without evasion. Both the Ohio revised code and personnel rules and regulations of the City of Gahanna provide penalties for making false statements of a material fact, or for practicing any fraud or deception in obtaining or attempting to obtain employment. Such penalties include rejection for appointment or discharge after appointment and/or prosecution under Ohio revised code section 2921.13.

If you have questions pertaining to this document, contact the Gahanna Police Department at 614-342-4240 and ask to speak with Detective Aey #24 or Detective Thomas #123.

PREVIOUS RESIDENCES RECORD – SECTION I

Beginning with age 15, list all places of residence in chronological order. Include all military addresses, listing the nearest city or base.

FROM (MONTH - YEAR) TO (MONTH - YEAR)	ADDRESS	WITH WHOM DID YOU LIVE?	RELATIONSHIP?

REFERENCES – SECTION II

List the names of three adults not related to you, not former employers, who have known you for a period of preferable more than five years.

1. NAME		HOME ADDRESS	HOME PHONE (AREA CODE + NUMBER)
YEARS KNOWN	OCCUPATION/PROFESSION	BUSINESS ADDRESS	BUS. PHONE (AREA CODE + NUMBER)
2. NAME		HOME ADDRESS	HOME PHONE (AREA CODE + NUMBER)
YEARS KNOWN	OCCUPATION/PROFESSION	BUSINESS ADDRESS	BUS. PHONE (AREA CODE + NUMBER)
3. NAME		HOME ADDRESS	HOME PHONE (AREA CODE + NUMBER)
YEARS KNOWN	OCCUPATION/PROFESSION	BUSINESS ADDRESS	BUS. PHONE (AREA CODE + NUMBER)

WORK HISTORY – SECTION III

Have you ever applied for a position with any law enforcement or other government agency?

() Yes () no

If yes, indicate where you have applied / or been appointed in the past, with the most recent first. If you need more space, use the continuation page.

NAME OF DEPARTMENT OR AGENCY	DATE APPLIED	Polygraph or CVSA	Where do you currently stand with the agency/Are you on the eligibility list?
1		() YES () PASS	
		() NO () FAIL	
2		() YES () PASS	
		() NO () FAIL	
3		() YES () PASS	
		() NO () FAIL	
4		() YES () PASS	
		() NO () FAIL	
5		() YES () PASS	
		() NO () FAIL	
6		() YES () PASS	
		() NO () FAIL	
7		() YES () PASS	
		() NO () FAIL	

EMPLOYMENT

Begin with your most recent job and list your complete work history in chronological order since age 18. Include in sequence all part time jobs, periods of unemployment and military service. When listing military service, substitute for the name and address of immediate supervisor, the name, address and rank of the last commissioned officer who was your immediate superior and substitute for the name and address of co-worker, the name and address of a non-commissioned officer with whom you served.

When listing periods of unemployment, indicate dates in the space provided. In the block designated “name of employer” write-in “unemployed.” In the block designated “reason for leaving” indicate from what source you received income during that period of unemployment. **Address information must be complete – street, apt., or suite, city, state and zip.**

May we contact your present employer?

() Yes () No

(If no, explain on continuation page.)

Have you ever been asked to resign from a job?

() Yes () No

(If yes, explain on continuation page.)

IF PRESENTLY UNEMPLOYED, INDICATE SO IN FIRST BLOCK.

FROM DATE	NAME OF PRESENT EMPLOYER	JOB TITLE	LIST HOURS WORKED AND DAYS OFF ON PRESENT JOB
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
TOTAL TIME EMPLOYED	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERVISOR	BUSINESS TELEPHONE
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	TELEPHONE OF CO-WORKER

FROM DATE	NAME OF EMPLOYER	JOB TITLE	REASON FOR LEAVING
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
TOTAL TIME EMPLOYED	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERVISOR	BUSINESS TELEPHONE
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MILITARY AND EDUCATIONAL RECORD – SECTION VII

MILITARY

PRESENT HOME OF RECORD ADDRESS (STREET, CITY, STATE, ZIP)		SELECTIVE SERVICE NUMBER***
BRANCH OF SERVICE	UNIT	SOCIAL SECURITY NUMBER
MILITARY ACTIVE DUTY DATES (DO NOT INCLUDE SHORT RESERVE TOURS OF 90 DAYS OR LESS) FROM TO	HIGHEST MILITARY RANK OR RATE HELD	TYPE OF SEPARATION
TOTAL MONTHS OF COMBAT DUTY	TOTAL MONTHS OF OVERSEAS DUTY	MILITARY RESERVE STATUS () READY () STANDBY () NONE

1. Have you ever asked for or received deferment from military service? () Yes () No
(If yes, give board number, dates and full details on continuation page)

2. Were you ever court-martialed, tried on charges, or subject of a summary court-martial, Captains Mast, article 15, company punishment or any other disciplinary action while in the armed services? () Yes () No
(If yes, explain fully on continuation page)

3. Have you ever received a government disability pension? () Yes () No

4. Veterans claim "C" number: _____

*****APPLICANTS MUST PROVIDE THEIR SELECTIVE SERVICE NUMBER. THIS CAN BE FOUND ON THE INTERNET.*****

ALL APPLICANTS MUST SIGN THE FOLLOWING CERTIFICATE
IN THE PRESENCE OF A NOTARY

I CERTIFY THAT THE STATEMENTS CONTAINED IN THIS QUESTIONNAIRE ARE TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MADE IN THIS QUESTIONNAIRE MAY BE CAUSE FOR DISAPPROVAL OF MY APPOINTMENT, OR FOR DISCHARGE AFTER APPOINTMENT. I FURTHER REALIZE THAT ANY FALSEHOODS MAY SUBJECT ME TO PROSECUTION UNDER OHIO REVISED CODE SECTION 2921.13. I ALSO UNDERSTAND THAT ALL INFORMATION CONTAINED IN THIS QUESTIONNAIRE AND THROUGH OTHER SOURCES WILL BE VERIFIED THROUGH A POLYGRAPH EXAMINATION PRIOR TO APPOINTMENT.

I UNDERSTAND THAT IF I AM APPOINTED TO A POSITION WITHIN THE DEPARTMENT, I MUST COMPLETE A PROBATIONARY PERIOD. DURING THAT PERIOD, I MAY BE DISMISSED FROM THE DEPARTMENT AND ITS ADMINISTRATIVE PERSONNEL SHALL NOT BE LIABLE IN ANY RESPECT IF I AM TERMINATED DURING A PROBATIONARY PERIOD.

SIGNED THE _____ DAY OF _____, 20____

APPLICANT'S SIGNATURE: _____

SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20____.

NOTARY SIGNATURE: _____

***APPLICANT SIGNATURE MUST BE PROPERLY NOTARIZED BEFORE THIS
DOCUMENT CAN BE ACCEPTED.***

[illegible]